

## **MEDIATION INTAKE REQUEST**

**Name:**

**Social Security:**

**Home Address:**

**Work Address:**

**Work Phone:**

**Job Title/Series Grade:**

**Employing Agency:**

**Status** (i.e. permanent, part-time, intermittent, Schedule A, probationary, etc.)

**Organization:**

**Responding Agency:** FAS

**Name of Mediation Coordinator:** Saundra Holt      Telephone No: 720-7233

**Date of Incident** (or when became aware):

**Description of situation giving rise to issues:**

**Union:** Yes \_\_\_\_ No \_\_\_\_

**Anonymity:** Yes \_\_\_\_ No \_\_\_\_

**Representative (if desired):** Yes \_\_\_\_ No \_\_\_\_

Name:

Telephone Nnumber:

<b>Receipt of documents from Mediation Coordinator:</b>
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<b>Initials:</b> _____ <b>Date:</b> _____
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